

CONFERENCE ATTENDANCE RECORD

No.: RFPS30034901700042 Title: Alternatives to Abortion Program Services

Place: Harry S Truman Building, Room 400 Date: August 5, 2016 Time: 9:00 a.m.

Buyer: Julie Kleffner Phone: (573) 751-7656 Email: Julie.Kleffner@oa.mo.gov

List/Print Names of Each Attendee for each Organization	Organization Name, Address, Phone Number, e-mail address, and MBE/WBE/Org for Blind/Sheltered Workshop/SDVE Status (if applicable)
1. Julie Kleffner	Co. Name: <u>Purchasing</u> City/State/Zip: <u>SC MO</u> Phone # <u>573 751-7656</u> e-mail address: <u>Julie.Kleffner@oa.mo.gov</u> <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Org for Blind <input type="checkbox"/> Shlrtd Wkshp <input type="checkbox"/> SDVE
1. Emily Kraft	Co. Name: <u>DA</u> City/State/Zip: <u>JCMO</u> Phone # <u>573-522-0003</u> e-mail address: <u>emily.kraft@oa.mo.gov</u> <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Org for Blind <input type="checkbox"/> Shlrtd Wkshp <input type="checkbox"/> SDVE
1. Sheila Westphal	Co. Name: <u>DSS / FSD</u> City/State/Zip: <u>JCMO</u> Phone # <u>573-522-1170</u> e-mail address: <u>sheila.westphal@dss.mo.gov</u> <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Org for Blind <input type="checkbox"/> Shlrtd Wkshp <input type="checkbox"/> SDVE
1. Carrie Hoelscher 2. Marsha Middleton	Co. Name: <u>Alliance for Life</u> City/State/Zip: <u>Greenwood MO 64034</u> Phone # <u>816-806-4168</u> e-mail address: <u>Carrie@allianceforlifemissouri.com</u> <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Org for Blind <input type="checkbox"/> Shlrtd Wkshp <input type="checkbox"/> SDVE
1. Kristu Patton 2. Michele Kelley	Co. Name: <u>DSS</u> City/State/Zip: <u>JCMO</u> Phone # <u>573-522-8183</u> e-mail address: <u>Kristu.D.Pattm@dss.mo.gov</u> <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Org for Blind <input type="checkbox"/> Shlrtd Wkshp <input type="checkbox"/> SDVE
1. MALORA TAYLOR	Co. Name: <u>CATHOLIC CHARITIES OF SOUTHERN MO</u> City/State/Zip: <u>424 E Monastery St Springfield MO</u> Phone # <u>417-720-4213</u> e-mail address: <u>mtaylor@ccsemo.org</u> <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Org for Blind <input type="checkbox"/> Shlrtd Wkshp <input type="checkbox"/> SDVE

List/Print Names of Each Attendee for each Organization	Organization Name, Address, Phone Number, e-mail address, and MBE/WBE/Org for Blind/Sheltered Workshop/SDVE Status (if applicable)
1. Teresa Hayner	Co. Name: Good Shepherd
2.	City/State/Zip: St. Louis, MO
3.	Phone # 314-854-5703
	e-mail address: thayner@c-cstl.org
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Org for Blind <input type="checkbox"/> Shltd Wkshp <input type="checkbox"/> SDVE
1. Andrea Vent	Co. Name: The Haven of Grace
2.	City/State/Zip: St. Louis MO 63106
3.	Phone # 314-621-6507
	e-mail address: avent@havenofgracestl.org
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Org for Blind <input type="checkbox"/> Shltd Wkshp <input type="checkbox"/> SDVE
1. Kristen Setterlund	Co. Name: Lutheran Family and Children's Services
2.	City/State/Zip: St. Louis, MO 63132
3.	Phone # 314-754-2740
	e-mail address: kristens@lfcsl.org
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Org for Blind <input type="checkbox"/> Shltd Wkshp <input type="checkbox"/> SDVE
1. Patrice Shelton	Co. Name: Express Home Care
2. Vernie Wyndom	City/State/Zip: St. Louis MO
3.	Phone # 314-727-0453
	e-mail address: expressinc@aol.com
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Org for Blind <input type="checkbox"/> Shltd Wkshp <input type="checkbox"/> SDVE
1. Julie Ball	Co. Name: LIGHT HOUSE
2.	City/State/Zip: KC MO 64111
3.	Phone # 816-961-7233
	e-mail address: JULIE.B.LIGHTHOUSE@MBCH-ORG
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Org for Blind <input type="checkbox"/> Shltd Wkshp <input type="checkbox"/> SDVE
1. Shaun Dickerson	Co. Name: Pregnancy Support Center
2. Abigail Chisom	City/State/Zip: Lebanon MO 65536
3.	Phone # 417-532-8555
	e-mail address: Abigail@psclchisom.org
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Org for Blind <input type="checkbox"/> Shltd Wkshp <input type="checkbox"/> SDVE
1. Rich Hennicke	Co. Name: Nurses for Newborns
2.	City/State/Zip: 7259 Lansdowne Ave Suite 100
3.	Phone # 314-544-3133
	e-mail address: rich.hennicke@nfnf.org
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Org for Blind <input type="checkbox"/> Shltd Wkshp <input type="checkbox"/> SDVE

List/Print Names of Each Attendee for each Organization	Organization Name, Address, Phone Number, e-mail address, and MBE/WBE/Org for Blind/Sheltered Workshop/SDVE Status (if applicable)
1. Ashley Dooley wohlgemuth	Co. Name: Catholic Charities of Kansas City City/State/Zip: Kansas City, MO 641105 Phone # 816 659-8279 e-mail address: awohlgemuth@ccharities.com
2.	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Org for Blind <input type="checkbox"/> Shltd Wkshp <input type="checkbox"/> SDVE
3.	
1. Angel McDonald	Co. Name: Mother's Refuge City/State/Zip: Independence, MO 64055 Phone # 816-838-6396 or 816-353-8070 e-mail address: angel@mothersrefuge.org
2.	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Org for Blind <input type="checkbox"/> Shltd Wkshp <input type="checkbox"/> SDVE
3.	
1.	Co. Name:
2.	City/State/Zip:
3.	Phone #
	e-mail address:
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Org for Blind <input type="checkbox"/> Shltd Wkshp <input type="checkbox"/> SDVE
1.	Co. Name:
2.	City/State/Zip:
3.	Phone #
	e-mail address:
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Org for Blind <input type="checkbox"/> Shltd Wkshp <input type="checkbox"/> SDVE
1.	Co. Name:
2.	City/State/Zip:
3.	Phone #
	e-mail address:
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Org for Blind <input type="checkbox"/> Shltd Wkshp <input type="checkbox"/> SDVE
1.	Co. Name:
2.	City/State/Zip:
3.	Phone #
	e-mail address:
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Org for Blind <input type="checkbox"/> Shltd Wkshp <input type="checkbox"/> SDVE
1.	Co. Name:
2.	City/State/Zip:
3.	Phone #
	e-mail address:
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Org for Blind <input type="checkbox"/> Shltd Wkshp <input type="checkbox"/> SDVE

St
Joseph